## **NOTICE**

GuideStar has been informed by the IRS of processing errors on IRS Forms 990 filed electronically between January 1, 2009, and December 3, 2010, for form year 2008. These processing errors resulted in inaccurate data appearing on the scanned images of the affected returns that are posted on GuideStar and do not reflect the information filed with the IRS.

#### These errors include:

- Part III, line 1, organization's mission description—may not reflect what was originally submitted by the nonprofit organization.
- Part VIII, line 8a, gross income for special events—values may have been transposed.
- Part IX, line 7c, other salaries and wages, management and general expenses—may show a blank where a value was originally reported.
- Schedule D, Part V, line 3a(ii), endowment funds and possession by related organizations—checkbox values may have been transposed.

GuideStar is working with the IRS to obtain a corrected copy of its form year 2008 Form 990. GuideStar will replace this Form 990 if, and when, the accurate return is made available from the IRS.

For more information, please visit <a href="http://www2.guidestar.org/rxg/help/form-year-2008-returns.aspx">http://www2.guidestar.org/rxg/help/form-year-2008-returns.aspx</a>



Form **990** 

Department of the Treasury Internal Revenue

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2008
Open to Public Inspection

┌ Yes ┌ No

Serv	ice	cvenue							
A Fo	r the	2008 ca	lendar yea	r, or tax year beginn		and ending 12-31-2008			
<b>B</b> Ch	eck ıf a	applicable	Please	C Name of organization RUTHERFORD COUNT		MERCE		D Employe	er identification number
☐ Ad	dress cl	hange	use IRS label or					62-030	
Г№	me cha	ange	print or	Doing Business As				E Telephon	ne number
┌ Inr	tıal retu	ırn	type. See Specific	Number and street (o	or P.O. box if mail is n	ot delivered to street address	s) Room/suite		
Гте	mınatı	on	Instruc- tions.	PO BOX 864			,	G Gross red	ceipts \$ 2,039,440
☐ Am	nended	return		City or town, state or	country, and ZIP + 4		1		
		n pending		MURFREESBORO, TN					
i Ab	piicatio	ii penang	5 N			1			
			r Nar	ne and address of Pr	incipal Officer		<b>H(a)</b> Is this affiliat		turn for
							ummu	.05	, 103 p 110
	v ovon	nnt status	- F04(-)	) ( 6 ) <b>◄</b> (insert no )		527	H(b) Are all	affiliates inc	cluded?
1 14	ix-exei	iipt status	<b>J</b> ♥ 501(c	) (6) 🖪 (Insert no ) 🗍	4947(a)(1) or 1	527			list See instructions )
J W	eb sit	e: F www	w rutherford	dchamber org			H(c) Group	Exemption	n Number 🟲
							1, , , , ,		<b>34</b> Ct 1 1 1 1
Кіур	e or or	ganization	Corporat	tion trust association	on   other <b>F</b>		<b>L</b> Year of For	mation	<b>M</b> State of legal domicile
		_							
Pa	rt I		•						
	1	Briefly	describe th	e organization's mis:	sıon or most sıgnı	ficant activities			
3		СОММ	UNITY ANI	D BUSINESS DEVEL	LOPMENT				
ŧ									
Ĭ.									
Governance	2	Check t	this box $\Gamma$	if the organization di	iscontinued its op	erations or disposed of	more than 2!	5% of its as	
	3	Number	r of voting r	members of the gove	rning body (Part \	/I, line 1a)			32
တ္တ	4	Number	r of indeper	ndent voting member	s of the governing	j body (Part VI, line 1b)		•	42
Ě	5	Total nu	umber of er	nployees (Part V , lın	e 2a)				52
Activities &	6	Total nu	umber of vo	olunteers (estimate i	fnecessary) .				6
∢	1					line 12, column (C) .	•	•	<b>7a</b> 29,34
	b	Net unr	elated busi	iness taxable income	e from Form 990-	T, line 34		-	<b>7b</b> 4,06
							Prio	r Year	Current Year
а.	8	Contri	butions and	d grants (Part VIII, I	line 1h)			1,731,26	1,302,8
Ä	9 Program service			revenue (Part VIII,	line 2g)			712,65	663,4
Revenue	10					and 7d)		70,55	
ш.	11			art VIII, column (A)				11,00	13,00
	12	Totalı 12)	revenue—a	dd lines 8 through 1	1 (must equal Par	t VIII, column (A), line		2,523,46	2,039,4
	13		and simila	ar amounts paid (Par	t IX. column (A).	lines 1-3)		<u> </u>	, ,
	14			or for members (Part					
	15					IX, column (A), lines 5-	_		
\$		10)	,	, , ,	•	, , , , , , , , , , , , , , , , , , , ,		850,31	.4 887,99
Expenses	16a	Profes	sıonal fund	Iraısıng fees (Part IX	(, column (A ), line	11e)		1,34	18
ੜੀ	b	(Total f	undraising ex	penses, Part IX, column (	(D), line 25 <u>0</u>	)			
ш	17	Other	expenses	(Part IX, column (A),	, lınes 11a–11d, :	11f-24f)		1,755,14	1,519,8
	18	Total	expenses—	-add lines 13–17 (m	ust equal Part IX,	line 25, column (A))		2,606,81	.1 2,407,88
	19	Reven	ue less exp	penses Subtract line	e 18 from line 12			-83,34	-368,4
<u>%</u> 8							Beginniı	ng of Year	End of Year
Net Assets or Fund Balances	20	Total	assets (Pai	rt X, line 16)				5,747,14	5,440,10
Ass Ba	21			Part X, line 26)				327,26	
<u> </u>	22		•	nd balances Subtrac	t line 21 from line	20		5,419,87	
	<u>22</u> 		ature Blo		t lille 21 li olii lille			3,419,07	3,031,4.
Ра	1 ( 11	_			ve examined this retu	urn including accompanying o	chedules and st	atements and	d to the best of my knowledge
						(other than officer) is based			
Plea		****					2009-	08-28	
Sigr		Sign	ature of office	er			Date		
Her	е		L LATTURE Pr						
		Туре	e or print nam	ne and title					
		Dros	parer's 🛦			Date	Check If	Preparer's	PTIN (See Gen Inst )
Pai	d		nature Ja	ames R Jobe CPA			self- empolyed 🕨 🔽	-	
Pre	pare						poi, cu		
Use	:	I	n's name (or elf-employed)	·				FTN L	
Onl	y		ress, and ZIP		ssociates CPAs			EIN Þ	
				745 South Church					
								Phone no	<b>(615)</b> 893-7777
				Murfreesboro, TN	37130				

May the IRS discuss this return with the preparer shown above? (See instructions) . . . . . . . . .

### Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's mission TOURISM DEVELOPMENT - INVOLVES DEVELOPMENT	MENT AND PROMOTION OF	TOURISM IN RUTHERFORE	O COUNTY								
2			vices during the year v	which were not listed on	ΓYes ▼ No							
3	If "Yes," describe these new services  Did the organization cease conducting services?		changes in how it cond	lucts any program	┌ Yes ┌ No							
	If "Yes," describe these changes on S	chedule O										
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported											
4a	(Code ) (Expenses \$ TOURISM DEVELOPMENT - INVOLVES DEVELO		including grants of \$ OF TOURISM IN RUTHERFO	) (Revenue \$	)							
4b	(Code ) (Expenses \$ INDUSTRIAL DEVELOPMENT - INVOLVES WOR	•	including grants of \$	) (Revenue \$ EN THEY INITIALLY LOCATE IN R	) UTHERFORD COUNTY							
4c	(Code ) (Expenses \$ Destination Rutherford - The goals of the de- and Educational Advantages	•	including grants of \$	) (Revenue \$ Growth and Balance, Leadership	) and Community Development,							
4d	Other program services (Describe ii	·										
	(Expenses \$	including grants of	·	) (Revenue \$	)							
4e	Total program service expenses \$	1,532,092	Must equal Part IX, L	.ine 25, column (B).								

Part IV	Checklist of	Required	<b>Schedules</b>
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νο
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part $I$	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule $H$	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 on Part IX, column (A), line $2?$ If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule  J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

### Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pa	rt V Statements Regarding Other IRS Filings and Tax Complian	ce				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	16			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
_	Did the organization comply with backup withholding rules for reportable payments					
C	gaming (gambling) winnings to prize winners?			1c		No
2a						
	Statements filed for the calendar year ending with or within the year covered by this	2a	27			
h	return		1			
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file the			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more dur	ng the	year covered by this			
	return?			3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sc			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a over, a financial account in a foreign country (such as a bank account, securities a account)?			4a		No
ь	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , in Financial Accounts.	Report c	of Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time du	ing the	etax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibite	d tax sl	helter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exem	pt Enti	ty Regarding Prohibited			No
	Tax Shelter Transaction?			5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement were not tax deductible?	that su	ch contributions or gifts	6b		No
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo comore?	ntrıbut	ion of \$75 or	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services	provide	ed?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prop					
_	file Form 8282?	1		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pa	ay prem	niums on a personal			
	benefit contract?			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a per	sonal b	enefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form	8899	as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization required?	file a F	Form 1098-C as	7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds	and se	ction 509(a)(3)	7		
	supporting organizations. Did the supporting organization, or a fund maintained by a					
	excess business holdings at any time during the year?			8		No
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds					I
а				9a		No
ь				9b		No
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
	Section 501(c)(12) organizations Enter  Gross income from members or shareholders	1	I			
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other source against amounts due or received from them )	11b				
			1			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıeu ( I	of Form 1041?	12a		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

# Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

			·			•			
Section A. Governing Body and Management									

			Yes	No				
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, $processes$ , or changes in Schedule O. See instructions.							
1a	Enter the number of voting members of the governing body 1a 21							
Ь	Enter the number of voting members that are independent 1b 21							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .							
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a material diversion of the organization's assets? $\cdot$ .							
6	Does the organization have members or stockholders?							
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?							
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	the governing body?	8a	Yes					
Ь	each committee with authority to act on behalf of the governing body?	8b		Νο				
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νο				
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		Νο				
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes					
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		Νο				

#### Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .	12a		Νo
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		No
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		No
13	Does the organization have a written whistleblower policy?	13		No
14	Does the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No
		I TOD I		1 1

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply

own website another's website upon request

- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

PAUL LATTURE P O BOX 864 MURFREESBORO,TN 371330864 (615) 893-6565

# Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- \* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- \* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- \* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- \* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did i	iot compens	sate any	UIIIC	ет, с	inec	tor, tre	15 (6)	or key employee		
		Posit t	<b>(C</b> tion ( hat a	ched		I			(5)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
TARA STONE	40 00					Х		61,466	0	0
Steve Harrison								0	0	0
STEVE BENEFIELD						1	Х	12,635	0	
STEPHANIE BRACKMAN	40 00					l x		149,889	0	
Shane Reeves						<u> </u>		, 0	0	
RANDY KNIGHT						<u> </u>		0	0	0
PETER DEMOS						<del>                                     </del>		0	0	
PAUL LATTURE						1		0	0	
PAM LITTLE							$\vdash$	0	0	
NORMAN BROWN				<del>                                     </del>		<del> </del>		0	0	
NEIL HEATHERLY				$\vdash$		<del> </del>		0	0	
MURPHY FAIR						<del> </del>		0	0	
MONA HERRING	40 00		-	<del>                                     </del>		X	-	81,250	0	
MIKE MALONE	40 00			-		<del>  ^ -</del>	X	68,692	0	
						<del> </del>	<del>  ^</del>	00,092	0	
MARK O'NEAL	40.00					<sub>\</sub>				
LEE RENNICK	40 00					Х		57,289	0	
KENDRA COOKE				_		<u> </u>		0	0	
John Harney				<u> </u>		<u> </u>		0	0	
JOHN BLACK				_		<u> </u>		0	0	
JAMIE SWEENEY						<u> </u>		0	0	
JAMES BURTON						<u> </u>		0	0	
HOLLY WEBER	40 00					X		133,035	0	
GARY COBBS						<u> </u>		0	0	
Eddie Crosslin						ļ		0	0	
CAROLYN JERNIGAN						<u> </u>		0	0	
BLAKE SMITH								0	0	
ARLEN HARRIS								0	0	0
Andy Womack								0	0	0
						1				
						İ				
						1				
						1				
						<del>                                     </del>				

#### Part VII Continued

		(C) Position (check all that apply)				(E)	(F)				
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estima amount o compens from t organizati relati organiza	f other ation the on and
1b Total							<b>-</b>	564,256	5		
2 Total number of individuals (including compensation from the organization)		a) who	recei	ved	mo	re thai	า \$1	00,000 ın reportabl	e	•	
										Yes	No

			Yes	NO
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," complete Schedule J for such individual	3	Yes	
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual			N -
		4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νο

Section B. Independent Contractor
-----------------------------------

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

	(A) Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation
2	Total number of independent contractors (including those in 1) who received more than \$5	100 000 in compansation	

Part VIII

Statement of Revenue

				(A)	(B)	(c)	(D)
				Total Revenue	Related or Exempt	Unrelated Business	Revenue Excluded from
					Function	Revenue	Tax under IRC
					Revenue		512, 513, or 514
	1a	Federated campaigns <b>1a</b>					
뜓뜓	ь	Membership dues					
三豆		1b					
5,€	С	Fundraising events					
£°≌	d	Related organizations1d					
5,≅		Government grants (contributions) 1e	905,937				
똢	e						
Contributions, gifts, grants and other similar amounts	f	All other contributions, gifts, grants, and similar amounts not included above	396,874				
<b>急長</b>		1f					
뒫	g	Noncash contributions included in					
ರಹ	_	lines 1a-1f \$		1,302,811			
	h	Total (Add lines 1a-1f)	· · · •				
		Bus	sıness Code				
a⊒	2a	RUTHERFORD CO MAGAZINE		11,381	11,381		
ver	ь	Membership Dues & Assessments		519,624	519,624		
<u>æ</u>					,		
Ç	С .	LEADERSHIP RUTHERFORD CO		8,500	8,500		
<u>.</u>	d	BUSINESS AFTER HOURS		17,855	17,855		
Ω,	e	ADVERTISING		29,347		29,347	
78 18	f	All other program service revenue		76,722	76,722		
Program Serwce Revenue				,	•		
Δ	g	Total. Add lines 2a-2f					
	_	<b>\$</b> 663,429					
	3	Investment income (including dividend		60.607			60.607
		other sımılar amounts)		60,697			60,697
	4	Income from investment of tax-exempt bond p	roceeds	0			
	_		▶	0			
	5	Royalties		Ü			
		10.000	ı) Personal				
	6a	Gross Rents 13,000					
	ь	Less rental expenses					
	С	Rental income 13,000					
	d	or (loss)  Net rental income or (loss)		13,000			13,000
		Net rental income of (loss)	· · · · ·	13,000			13,000
		(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	-497				
		assets other					
		than inventory Less cost or					
	ь	other basis and					
	_	sales expenses Gain or (loss)	-497				
	C		137	-497	-497		
	d	Net gain or (loss)	▶	-497	-497		
	8a	Gross income from fundraising					
		events (not including					
ψ.		\$					
Ē		of contributions reported on line 1c) See Part IV, line 18					
υ >-		Attach Schedule G if total exceeds					
Other Revenue		\$15,000 a					
ē	ь	Less direct expensesb					
チ	С	Net income or (loss) from fundraising e	vents	0			
0	0-		<u> </u>				
	9a	Gross income from gaming activities See part IV, line 19					
		Complete Schedule G If total					
		exceeds \$15,000					
		a					
	b	Less direct expensesb					
	С	Net income or (loss) from gaming activ	ities •	0			
	100	Cross selection of much beautiful and					
	10a	Gross sales of inventory, less returns and allowances .					
		а					
	ь	Less cost of goods sold b					
	С	Net income or (loss) from sales of inve	ntory	0			
			siness Code				
	11a	Dust de la contraction de la c	555 Code				
	ь						
	С						
	d	All other revenue					
	e	Total. Add lines 11a-11d	\$				
	L		0				
	12	Total Revenue. Add lines 1h, 2g, 3, 4,	5,6d,7d,	2,039,440	633,585	29,347	73,697
		8c,	<b>.</b>				
	j	9c, 10c, and 11e	F"				ı

## Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re				
	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0		3	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	231,217		231,217	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	551,673	443,594		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	38,475	22,951	15,524	
9	Other employee benefits	0			
10	Payroll taxes	66,629	34,573	32,056	
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	0			
c	Accounting	9,750	9,750		
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	291,510	291,325	185	
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	1,200		1,200	
17	Travel	18,896	10,743	8,153	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	74,221	20,931	53,290	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	59,545	18,083	41,462	
23 24	Insurance	0			
	total expenses shown on line 25 below )				
	OFFICE EXPENSE	103,498	45,559	57,939	
	INSURANCE CONTINUAND BALANCE	88,325	50,101	38,224	
	ECONOMIC GROWTH AND BALANCE	256,081	256,081		
	CONTRIBUTION TO BEP	100,000	100,000		
	All other expenses	159,124	159,124	200 464	
	All other expenses	357,738	69,277	288,461	
25	Total functional expenses. Add lines 1 through 24f	2,407,882	1,532,092	875,790	0
<b>26</b>	Joint Costs. Check  if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

	_	
Part X	Balance	Sheet
FaitA	Dalalice	3116

					(A) Beginning of year			<b>B)</b> fyear
	1	Cash—non-interest-bearing			161,084	1		236,752
	2	Savings and temporary cash investments	2,738,795	2		2,990,956		
	3	Pledges and grants receivable, net			652,340	3		592,487
	4	Accounts receivable, net			108,730	4		91,654
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L				5		0
	6	Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B) Complete Part II of S	ction 4	1958(f)(1)) and		6		0
	7	Notes and loans receivable, net				7		0
	8	Inventories for sale or use				8		0
ø	9	Prepaid expenses and deferred charges			45,804	9		60,355
et	10a	Trepara expenses and deferred enarges	•		12,221			
Assets	104	Land, buildings, and equipment cost basis	10a	1,519,139				
	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b	577,468	985,041	10c		941,671
	11	Investments—publicly traded securities				11		0
	12	Investments—other securities See Part IV, line 11 <i>Complete Pal Schedule D</i>		12		0		
	13	Investments—program-related See Part IV, line 11 $\it Complete Part Second Part Part Part Part Part Part Part Part$		13		0		
	14	Intangible assets		14		0		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	1,055,350	15		526,286		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			5,747,144	16		5,440,161
	17	Accounts payable and accrued expenses .	24,200	17		90,860		
	18	Grants payable		18				
	19	Deferred revenue	291,373	19		297,777		
	20	Tax-exempt bond liabilities		20				
ŝ	21	Escrow account liability Complete Part IV of Schedule D		21				
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
=		persons Complete Part II of Schedule L				22		•
	23	Secured mortgages and notes payable to unrelated third parties		23				
	24	Unsecured notes and loans payable		24				
	25	Other liabilities Complete Part X of Schedule D	11,694	25		90		
	26	Total liabilities. Add lines 17 through 25			327,267	26		388,727
φ		Organizations that follow SFAS 117, check here ▶ 🔽 and complethrough 29, and lines 33 and 34.	ete lin	es 27				
Balance	27	Unrestricted net assets			3,744,897	27		3,993,629
<u>원</u>	28	Temporarily restricted net assets			1,674,980	28		1,057,805
<del>.</del>	29	Permanently restricted net assets	,	29				
Fund		Organizations that do not follow SFAS 117, check here 🕨 🦵 and	l comp	lete				
ò	30	lines 30 through 34.  Capital stock or trust principal, or current funds				30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund.		31				
ر ان	32	Retained earnings, endowment, accumulated income, or other fur			32			
	33	Total net assets or fund balances		5,419,877	33		5,051,434	
¥	34	Total liabilities and net assets/fund balances			5,747,144			5,440,161
_						<b>3</b> 4		U, THU, 101
Pa	rt XI	Financial Statements and Reporting						
							Yes	No

Dort VI	Einancial C	tatamanta	nd Reporting
7.   1 - 2. 4 - 1	- Financiai 3	TATEMPORTS A	nn kennerinn

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Νo
b	If "Yes," did the organization undergo the required audit or audits?	3b		Νο

#### **Additional Data**

Software ID: Software Version:

**EIN:** 62-0302540

Name: RUTHERFORD COUNTY CHAMBER OF COMMERCE

#### Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a RUTHERFORD CO MAGAZINE		11,381	11,381		
<b>b</b> Membership Dues & Assessments		519,624	519,624		
c LEADERSHIP RUTHERFORD CO		8,500	8,500		
d BUSINESS AFTER HOURS		17,855	17,855		
e ADVERTISING		29,347		29,347	

DLN: 93493253007539

OMB No 1545-0047

Open to Public Inspection

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

	me of the organization THERFORD COUNTY CHAMBER OF COMMERCE		Employ	er identi	fication number	er
KO	THEREORD COOKET CHAMBER OF COMMERCE		62-03	02540		
Pa	organizations Maintaining Donor Acordanization answered "Yes" to Form 99		unds or	Accou	<b>nts.</b> Comple	te If the
		(a) Donor advised funds	(b)	Funds ar	nd other accou	nts
1	Total number at end of year					
2	Aggregate Contributions to (during year)					
3	Aggregate Grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advi- funds are the organization's property, subject to the o		or advise	d	☐ Yes	┌ No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?		may be		☐ Yes	∏ No
Pa	rt III Conservation Easements. Complete	ıf the organızatıon answered "Yes" to	o Form 9	990, Par	t IV, line 7.	
2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quality on the last day of the tax year	on or pleasure)  Preservation of an Preservation of ce	rtıfıed hıs	toric stru	cture	a
				Held	at the End of	the Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easement:	S		2b		
c	Number of conservation easements on a certified hi	storic structure included in (a)		2c		
d	Number of conservation easements included in (c) a	acquired after 8/17/06		2d		
3	Number of conservation easements modified, transfe	rred, released, extinguished, or terminate	d by the	organizati	ion during	
	the taxable year 🕨	, , ,	•	J	J	
4						
4	Number of states where property subject to conserva					
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		ations, an	a	☐ Yes	┌ No
6	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	year 🟲			
7	A mount of expenses incurred in monitoring, inspectir	ng, and enforcing easements during the ye	ear ► \$			
8	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion		☐ Yes	┌ No
9	In Part XIV, describe how the organization reports co balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easem	he footnote to the organization's financial	•		•	
Par	<b>t III</b> Organizations Maintaining Collectio Complete if the organization answered "		or Othe	r Simila	ar Assets.	
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	h in furth			е,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	oublic exhibition, education, or research ir				

Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Intructions for Form 990

Revenues included in Form 990, Part VIII, line 1

(i) Revenues included in Form 990, Part VIII, line 1

following amounts required to be reported under SFAS 116 relating to these items

(ii) Assets included in Form 990, Part X

Cat No 52283D

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Schedule D (Form 990) 2008

**►** \$

3	TITE Organizations Maintaining Collections of Art	·, ····						
	Using the organization's accession and other records, check an items (check all that apply)	y of th	ne foll	owing that are	a sıgnıfıcant u	se of its collection		
а	Public exhibition	d	Γ	Loan or exch	ange programs			
b	Scholarly research	e	Γ	Other				
c	Preservation for future generations							
4	Provide a description of the organization's collections and expla Part XIV	ıın hov	w the	y further the o	rganızatıon's ex	empt purpose in		
5	During the year, did the organization solicit or receive donations assets to be sold to raise funds rather than to be maintained as						Yes	Г No
Par	Trust, Escrow and Custodial Arrangements. Part IV, line 9, or reported an amount on Form 99				nization answ	ered "Yes" to Fo	rm 9	90,
1a	Is the organization an agent, trustee, custodian or other interme included on Form 990, Part X?	ediary	for c	ontributions o	r other assets r	not	Yes	┌ No
b	If "Yes," explain why in Part XIV and complete the following tab	le						
					_	A mou	nt	
c	Beginning balance				1c			
d	Additions during the year				1d			
e	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Form 990, Part X, lin	e 21?				Γ,	Yes	☐ No
	If "Yes," explain the arrangement in Part XIV							
Pa	rt V Endowment Funds. Complete if the organizatio						- V	
	(a)Current Year	(D	Prior `	rear   (c) i wo	Years Back (d)	Three Years Back (e)	Four Y	ears Back
1a	Beginning of year balance							
b	Contributions							
с	Investment earnings or losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year end balance held	as						
_	Board designated or quasi-endowment							
а	Board designated of quasi-endowment							
a b	Permanent endowment							
_	Permanent endowment 🕨							
ь	•	ation	that a	are held and ac	dministered for	the		
b c	Permanent endowment F	ation	that a	are held and ac	dministered for	the	Yes	No
b c	Permanent endowment F  Term endowment F  Are there endowment funds not in the possession of the organiz	ation	that a	are held and ac	dministered for	3a(i)	Yes	No
b c 3a	Permanent endowment   Term endowment   Are there endowment funds not in the possession of the organiz organization by  (i) unrelated organizations				Iministered for	3a(i)	Yes	No
b c 3a b	Permanent endowment  Term endowment  Are there endowment funds not in the possession of the organiz organization by  (i) unrelated organizations	 d on S	sched	  ule R?	dministered for	3a(i)	Yes	No
b c 3a b	Permanent endowment   Term endowment   Are there endowment funds not in the possession of the organiz organization by  (i) unrelated organizations	 d on S dowm	ched	· · · · · ule R? · · ·		3a(i)	Yes	No
b c 3a b	Permanent endowment  Term endowment  Are there endowment funds not in the possession of the organiz organization by  (i) unrelated organizations	 d on S dowm	ched ent fu	ule R? nds	rt X, line 10.	3a(i)	Yes	No
b c 3a b	Permanent endowment   Term endowment   Are there endowment funds not in the possession of the organiz organization by  (i) unrelated organizations	 d on S dowm	ent fu	· · · · · ule R? · · ·		3a(i)		No Dok value
b c 3a b 4 Par	Permanent endowment   Term endowment   Are there endowment funds not in the possession of the organizer organization by  (i) unrelated organizations	 d on S dowm	ent fu	ule R? nds orm 990, Pa	rt X, line 10.	3a(i) 3a(ii) 3b		ook value
b c 3a b 4 Par	Permanent endowment   Term endowment   Are there endowment funds not in the possession of the organiz organization by  (i) unrelated organizations	 d on S dowm	ent fu	ule R? nds orm 990, Pa	rt X, line 10.  (b)Cost or other basis (other)	3a(i) 3a(ii) 3b		
b c 3a b 4 Par	Permanent endowment   Term endowment   Are there endowment funds not in the possession of the organiz organization by  (i) unrelated organizations	 d on S dowm	ent fu	ule R? nds orm 990, Pa	rt X, line 10.  (b)Cost or other basis (other)  232,850	3a(i) 3a(ii) 3b		232,850 612,374
b c 3a b 4 Par	Permanent endowment  Term endowment  Are there endowment funds not in the possession of the organiz organization by  (i) unrelated organizations	 d on S dowm	ent fu	ule R? nds orm 990, Pa	rt X, line 10.  (b)Cost or other basis (other)  232,850 861,632	(c) Depreciation		pok value
b c 3a b 4 Par	Permanent endowment  Term endowment  Are there endowment funds not in the possession of the organiz organization by  (i) unrelated organizations	 d on S dowm	ent fu	ule R? nds orm 990, Pa	rt X, line 10. (b)Cost or other basis (other) 232,850 861,632 20,652	(c) Depreciation  249,258 7,134		232,850 612,374 13,518

Part VIII Investments—Other Securities.	see Form 990, Part X, line 12		
<ul><li>(a) Description of security or cateory (including name of security)</li></ul>	( <b>b)</b> Book value		d of valuation ·year market value
Financial derivatives and other financial products		Cost of elia-of-	year market value
Closely-held equity interests	+		
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12	) <b>-</b>		
Part VIII Investments—Program Related.	See Form 990, Part X, line 1		
(a) Description of investment type	(b) Book value		d of valuation
	+ 111	Cost or ena-or-	year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13	) <b>p</b>		
Part IX Other Assets. See Form 990, Part 13			
	scription		(b) Book value
PLEDGES RECEIVABLE - NON CURRENT PORTION	·		500,067
CONSTRUCTION IN PROGRESS			26,219
CONSTRUCTION IN TROCKESS			20,219
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B)	line 15.)		526,286
Part X Other Liabilities. See Form 990, Pa	art X, line 25.		
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
SALES TAX PAYABLE	52		
Rounding	1		
PAYROLL WITHHOLDINGS	37		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25	) ▶ 90		

1	Ident if ier	Return Reference	1	Explanat	ion	
			I			
		scriptions required for Part II, lines 3, , Part XII, lines 2d and 4b, and Part X			art XIV	, lines 1b and 2b,
	t XIV Supplemental Inf			10 D 1777   1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
5		nd <b>4c.</b> (This should equal Form 990, Pa	art I, lı	ne 18 )	5	2,407,882
_ C	Add lines 4a and 4b				4c	
Ь	Other (Describe in Part XIV)			4b	┨ <u>.</u> ┃	
a		,		4a		
4		0, Part IX, line 25, but not on line 1:		1 - 1		
3	Subtract line <b>2e</b> from line <b>1</b>				3	2,407,882
е	Add lines <b>2a</b> through <b>2d</b>				2e	497
d				<b>2d</b> 497	1	
С	·	, Part IX, line 25		. 2c		
b	Prior year adjustments			2b		
a	Donated services and use of for			2a		
2		it not on Form 990, Part IX, line 25		1 - 1		
1		raudited financial statements			1	2,408,379
		xpenses per Audited Financia			Т	
5		d <b>4c.</b> (This should equal Form 990, Pa			5	2,039,440
c	Add lines <b>4a</b> and <b>4b</b>				4c	-497
b	Other (Describe in Part XIV)			<b>4b</b> -497		
а	Investment expenses not incl	luded on Form 990, Part VIII, line 7b	•	4a	]	
4	A mounts included on Form 99	0, Part VIII, line 12, but not on line <b>1</b>				
3	Subtract line ${f 2e}$ from line ${f 1}$ .				3	2,039,937
e	Add lines <b>2a</b> through <b>2d</b> .				2e	
d	Other (Describe in Part XIV)			2d	1	
С	Recoveries of prior year grant	s		2c	1	
b	Donated services and use of f	acılıtıes		2b		
а	Net unrealized gains on invest	tments		2a		
2	A mounts included on line 1 bu	ut not on Form 990, Part VIII, line 12				
1	statements	er support per audited financial			1	2,039,937
		evenue per Audited Financial	Stat	ements With Revenue j	per Re	
10		per financial statements Combine line			10	-368,442
9	Total adjustments (net) Add III	nes <b>4</b> - 8			9	
8	Other (Describe in Part XIV)				8	
7	Prior period adjustments				7	
6	Investment expenses				6	
5	Donated services and use of fa	cilities			5	
4	Net unrealized gains (losses) o				4	
3	Excess or (deficit) for the year				3	-368,442
2	Total expenses (Form 990, Par				2	2,407,882
1	Total revenue (Form 990, Part	, , , , ,			1	2,039,440
-4						1 2 2 2 2 4 4 2

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Ident if ier	Return Reference	Explanation
Part XIII, Line 2d	Part XIII, Line 2d Other expenses and losses per audited F/S	LOSS ON DISPOSAL OF FIXED ASSETS \$497

Part XIV Supplemental Information(continued)				
Ident if ier	Return Reference	Explanation		
Part XIII, Line 2d	Part XIII, Line 2d Other expenses and losses per audited F/S	LOSS ON DISPOSAL OF FIXED ASSETS \$497		

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## Schedule J

## **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

2008
Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization
RUTHERFORD COUNTY CHAMBER OF COMMERCE

Employer identification number

62-0302540

Pa	rt I Questions Regarding Compensation			
			Yes	Νo
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	Compensation committee			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
а	Receive a severance payment or change of control payment?	4a		Νο
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line $1a$ , did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line $1a$ , did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		
ь	Any related organization?	6b		
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
STEVE BENEFIELD (1)						12,635	
MIKE MALONE (1)						68,692	
(i)							
(ii)	)						
(i)							
(ii)	)						
(i)							
(ii)	)						
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)	)						
(i)							
(ii)	)						

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
-		
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**Software ID:** 08000091

Software Version: 2008v2.7

**EIN:** 62-0302540

Name: RUTHERFORD COUNTY CHAMBER OF COMMERCE

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
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SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

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Name of the organization RUTHERFORD COUNTY CHAMBER OF COMMERCE Employer identification number

62-0302540

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	THE BOARD REVIEWS AND APPROVES COMPENSATION

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 10	Form 990, Part VI, Line 10 Form 990 Review Process	THE BOARD REVIEWS AND APPROVES THE 990 BEFORE FILING

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 5	Form 990, Part VI, Line 5 Description of Material Diversion of Assets	CASH THEFT